DA	TEAIT AD	DI ICA	oo, no persons	DETERMINA	spond (d	a collection	a eno ine en of infor	Kolemenik Oli Maktaon unik	ice; U.S.	DEPARTA	ENT (	OF COMME	
· PA	IENI AP	PLICA	HON FEE	DETERMINA	ATIO	RECO	RD		Appl	749 × 9	OMB	control num	
	40011047			om PTO-875	Effect	we Decen	nber 8, 2	2004	1	0/77	31		
APPLICATION AS FILED (Column 1)				ART ( -(Column 2)		SMALL ENTITY			OR	(	THE	R THAN	
FOR		NUMBER F	ILEO	NUMBER EXTRA		0477			7		WLF	ENTITY	
BASIC FEE (37 CFR 1 16(6) (6) & SEARCH FEE	(c))	NA		N/A		RATE		FEE (1)	1	RATE		FEE	
37 CFR 1 16(N. (1). or (	CFR 1 16(1) (1) or (m) N/A  AMINATION FEE			N/A		NA		\$250	1	N/A		300.00	
17 CFR 1 16(o). (p). or	(Q))	N/A		N/A		NVA		\$100				\$500	
OTAL CLAIMS 7 CFR 1 16(1)		minus 20 =		•		X\$ 25				N/A		\$200	
IDEPENDENT CLA 17 OFR 1 16(N))			nue 3 = •		7	X100	_		OR	X\$50 X200			
PPLICATION SIZE EE 7 CFR 1 16(6))	is \$25	8 01 pape 50 (\$125 onal 50 s	er, the application for small entity the transfer or traction in the contraction of the c	rings exceed 100 tion size fee due y) for each lon thereof. See 7 CFR 1.16(s).	11					X200	1		
IULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1					71	+180=	1		ŀ	+360=	+		
If the difference in column 1 is less than zero, enter T			. enter "O" in coi	luma 2		TOTAL	1		L		+		
APPLI	CATION A	S AMEN	IDED - PAR	RT II			<del></del>	<del></del>		TOTAL	Ļ		
<del>1   / 1</del>	(Column 1)		(Column		: 	SMAL	L ENTI	ΙΥ	OR .	OTH	ER T	HAN ITITY	
Total carcination	REMAINING NU			R PRESENT	1 L	RATE (\$)	TIC	DOI- DHAL E (S)		RATE (\$)		ADDI- TIONAL/ FEE (S)	
Independent . •	- 8 <sub>T</sub>	Minus	100	/	<b>1 }</b> ─	\$ 25	<u> </u>	$\mathcal{A}$	OR X	\$50	- 1	VEE (3)	
Application Size Fee (37 CFR 1.16(5))  AFTER AMENDMENT PREVIOUSLY PAID FOR TOTAL TOT						(100 -	-	// <	X X	200		./.	
FIRST PRESENTATION	ON OF MULTIP	LE DEPENO	DENT CLAIM (37	CFR 1.16(0)	1 /:	180=	<del>                                     </del>	<del></del>	-		1	/	
						OTAL	<del>  /-</del>	°	`` ـــــ	360=	/		
	Column 1)		. (Column 2	0.40.	A	DO'L FEE	4	0	R AC	O'L FEE	L		
R	CLAIMS EMAINING AFTER ÆNDMENT		HIGHEST NUMBER PREVIOUSLY	PRESENT	F	ATE (\$)	ADO		R	ATE (\$)		ADOI:	
Total .*	ICIADMENT	Minus	PAID FOR	-	1		FEE		· <b> </b> _		π	ONAL EE (\$)	
Independent • D7 CFR 1.16(h))		·Minus	906	-		25 .		OR					
Application Size Fee	,				1	•	<del>-</del>	OR	X2	00: _	·		
FIRST PRESENTATION	OF MULTIPLE	DEPENDÉ	NT CLAIM (37 C	FR 1.16(I)	+1	80=		7	+3	60±			
I the entry in and	4 <b>to h</b> ome st	46.			TOT	AL L FEE		OR OR	TOT				
If the entry in column If the "Highest Numb I the "Highest Number he "Highest Number	r Previously F	aid For II	THIS SPACE	is loss than 20, ends loss than 3, ends	r <b>-3</b> ".			<b>-</b>		L		-	
ection of information to process) an application	s required b	y 37 CFR	1.16. The Infor	ont) is the highest	number to obta	ia) Or Parou					(end	by the	

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